

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

— Horace, Book ii, Ode iii.

JOURNAL.

VOL. XLI. — No. 5.]

FEBRUARY 1ST, 1934.

PRICE NINEPENCE.

CALENDAR.

- Thurs., Feb. 1.—**Abernethian Society: Mid - Sessional Address by Mr. John Drinkwater, at 8.30 p.m.**
- Fri., „ 2.—Medicine: Clinical Lecture by Dr. Hinds Howell. Prof. Fraser and Prof. Gask on duty.
- Sat., „ 3.—Rugby Match v. Halifax. Away. Association match v. Lancing Old Boys. Home. Hockey match v. R.M.C. Sandhurst. Away.
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IT will be remembered that in the August issue of the JOURNAL last year we published a letter from Dr. Eric Young, promising a sum of 125 guineas towards the College Appeal Fund spread over five years if five contemporary Bart.'s men would make the same promise to the Dean.

So far this promise has not been supported, and Dr. Young has written to us stating that he is willing to extend the date till June.

We publish his letter below, and earnestly hope that other promises will now be forthcoming:

“ January 27th, 1934.

“ DEAR SIR,—I understand that the hope expressed in my letter to you in July last has not been realized, and that the necessary promises of support for the Dean's great scheme are not forthcoming.

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“ Yours faithfully,

“ ERIC E. YOUNG.”

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The Dean writes:

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“ DEAR MR. EDITOR,—I want on this occasion to express my especial thanks to the students. Their organized efforts on behalf of the Appeal—most recently the Students' Dance, and the dance held in the Merchant Taylors' Hall—continue to be successful, and the money

subscribed and raised by them is now in the neighbourhood of £700—not far short, therefore, of the £1000 at which, as I believe, they are aiming. Since we began this appeal 150 new students have come to Bart.'s, and I am hoping that many of them will wish to be enrolled as subscribers to the fund. It is they, even more than the senior students, who will benefit by the amenities of the new College.

"Elsewhere in this issue Dr. Eric Young has kindly expressed his intention to postpone the date of expiration of his promise to give '25 guineas per annum for five years on condition that four other Bart.'s men do the same'. One other Bart.'s man has promised to join this fivesome, so that we only need three more. Are there no volunteers?"

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"I hope next month to give a full and detailed statement of the present position of the Appeal.

"Yours sincerely,

"W. GIRLING BALL,

"Dean of the Medical College."

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COLLEGE APPEAL FUND.

	£	s.	d.	
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Demonstrators	1,524	11	0	(66)
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Old Bart.'s men :				†
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Cumberland	5	0	0	(1) . (6)
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Dorset	52	1	0	(14) . (30)
Durham	16	6	0	(3) . (11)
Essex	229	19	6	(17) . (69)
Gloucestershire	218	12	6	(20) . (66)
Hampshire	406	14	0	(38) . (134)
Herefordshire	13	3	0	(4) . (11)
Hertfordshire	73	0	0	(12) . (73)
Huntingdonshire				(1)
Isle of Wight	181	13	0	(12) . (25)
Kent	556	1	0	(64) . (146)
Lancashire	91	2	0	(11) . (82)
Leicestershire	133	12	0	(6) . (28)
Lincolnshire	47	6	0	(13) . (25)
Middlesex	382	3	0	(18) . (68)
Carried forward	£17,776	18	0	

	£	s.	d.	
Brought forward	17,776	18	0	
Norfolk	159	7	6	(18) . (60)
Northamptonshire	54	4	0	(4) . (17)
Northumberland	101	1	0	(2) . (11)
Nottinghamshire	13	13	0	(2) . (28)
Oxfordshire	180	3	0	(17) . (29)
Rutland				(2)
Shropshire	35	9	0	(8) . (22)
Somersetshire	463	10	0	(26) . (43)
Staffordshire	194	18	0	(6) . (37)
Suffolk	263	1	0	(16) . (46)
Surrey	423	10	6	(43) . (180)
Sussex	266	1	0	(46) . (170)
Warwickshire	177	0	6	(17) . (56)
Westmorland	1	0	0	(1) . (5)
Wiltshire	97	11	0	(11) . (26)
Worcestershire	146	12	6	(19) . (27)
Yorkshire	270	4	6	(21) . (101)
Wales	46	4	0	(10) . (150)
London	2,591	7	8	(173) . (971)
Channel Islands	10	0	0	(1) . (9)
Scotland	14	4	0	(4)
Abroad	48	5	0	(7)
South Africa	326	10	6	(17)
Canada	113	2	6	(8)
East Africa	62	7	0	(6)
West Africa	146	10	0	(5)
India	152	0	0	(7)
Ceylon	4	0	0	(1)
Syria	2	2	0	(1)
U.S.A.	5	0	0	(1)
Ireland	14	14	0	(3)
North Africa	1	0	0	(1)
North Borneo	5	5	0	(1)
Australia	12	2	0	(3)
Egypt	4	2	0	(2)
Malay States	6	0	0	(2)
China	45	7	4	(7)
Siam	10	0	0	(1)
France	50	0	0	(1)
Trinidad	22	2	0	(2)
British West Indies	23	1	0	(3)
Kenya	10	0	0	(2)
New Zealand	2	1	0	(2)
Services	514	14	0	(33)
Others	25,923	10	7	(257)

£50,789 16 1

† Number of Bart.'s men in County.

The dance which was held in aid of The College Appeal at the Great Hall, Charterhouse Square, on January 19th was a highly successful affair. There were about 450 people present, and of these a large proportion consisted of the Staff and their friends.

We would like to offer our congratulations to those who were responsible for the arrangements of the evening, and we have been asked on behalf of the Committee to thank all who supported the occasion, and especially Mr. and Mrs. Ashley, who worked untiringly in the bar, and the ladies who decorated the hall and building.

* * *

It was with regret that we heard of the retirement of Mr. J. B. Hume from the post of Sub-Dean in the Medical College which he has held since November, 1925. We have to congratulate Dr. Charles Harris on being appointed as his successor.

The Rugby Club, so far, have had a somewhat disappointing season, but after a long run of ill-luck a drawn game with Rosslyn Park and the defeat of Redruth, the Harlequins and Coventry, since Christmas, have shown that the team is in no way inferior to those of the past few years. Since the beginning of the season the sick list has claimed a perpetual stream of injuries. Curtiss, who dislocated his shoulder against Rugby, is unable to play for the rest of the season, while Kingdon, Capper, Gray, Morison and Darmady have all been incapacitated for varying intervals. We hope that the remainder of the season will bring the luck which is so long overdue, and we wish Darmady and his men every success in the Cup matches.

* * *

The Warden requests us to state that the closing date for applications for House Appointments in May is 12 noon, Saturday, February 10th, 1934.

* * *

We have to congratulate Dr. J. M. Hamill on his appointment as Senior Medical Officer in Charge of the Foods Division of the Ministry of Health in succession to Sir George Buchanan.

* * *

We are informed that, at the forthcoming Election for the Council of the Royal College of Surgeons in July, our Dean—Mr. Girling Ball—will be the Bart.'s candidate.

It is the unanimous wish of all the Fellows connected with the Hospital and Medical College that every Bart.'s Fellow should give his vote to Mr. Ball, and we need hardly say that we heartily endorse this wish not only on personal grounds but because of the most important position in the College that the Dean holds.

* * *

The Metropolitan Counties' Branch of the British Medical Association has arranged for some years past, during the Winter Session, a special address to the fourth and fifth year medical students and to recently qualified medical practitioners. Many of our readers will recall the very informative discourse which was given in March, 1933, by Mr. Wilfred Trotter, M.S., F.R.C.S.

The next address of this series will be given by Dr. R. G. Canti on "The Cultivation of Living Tissues", with Cinematograph Demonstration, in the Great Hall of the B.M.A. House, on Tuesday, March 6th, 1934. Tea and coffee at 5 p.m. Address punctually at 5.30 p.m. Dr. Canti's work is well known to all Bart.'s men, and his address is unique and should, therefore, prove to be a most attractive one. A personal invitation to attend the address will be issued at an early date to all concerned, and this invitation must be produced on admission to the B.M.A. House. We advise all who are eligible to attend to make a special note of the date and time.

§

OBITUARIES.

SIR DONALD MACALISTER, Br., K.C.B., M.D.,
D.C.L., D.Sc., F.R.C.P.



HE distinguished sons of St. Bartholomew's Hospital and College are many, and their fame has been secured by work of very varied kinds. To live to nearly eighty years must, in itself,

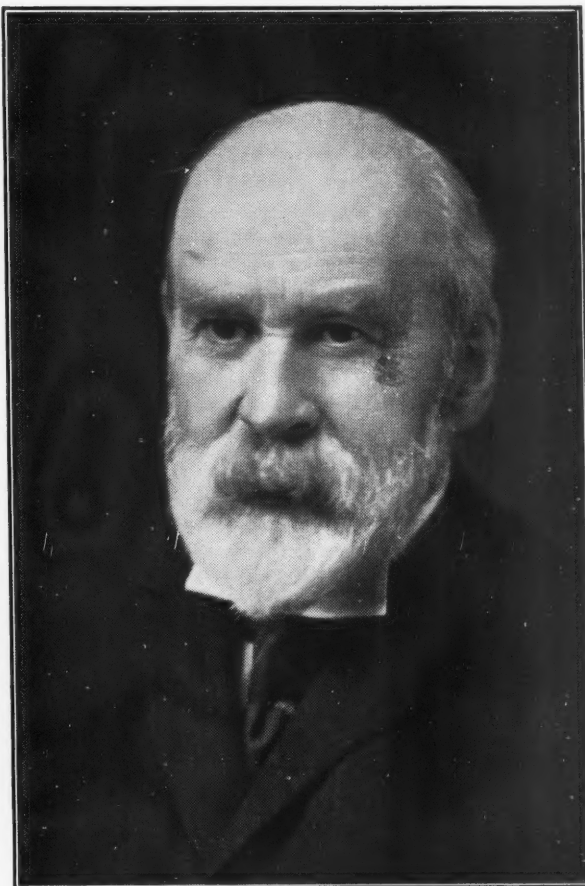


Photo: Russell.

be a reason, when such a span is associated with greatness in work, for the "grand old man" to be a distinguished member of the School. From his very earliest student days MacAlister was a marked man, and his mental ability shone with no uncertain light.

He was born at Perth in 1854, and he was always proud that he was of the ancient family who were the keepers of Tarbert Castle in Argyllshire. To this fact is due the attachment to his name when the King conferred a Baronetcy upon him, for he became Sir Donald MacAlister of Tarbert, Cantire. After his early education

- CLAXTON, E. E., M.B., B.S., D.T.M.&H. (and BURDEKIN, LUCY). *Diabetes: Reasons and Recipes. With a foreword by George Graham, M.D., F.R.C.P.* London: John Lane, The Bodley Head, 1933.
- COCKAYNE, E. A., D.M., F.R.C.P. "Congenital Steatorrhœa." *Lancet*, November 11th, 1933.
- DUNDAS-GRANT, Sir JAMES, K.B.E., M.D., F.R.C.S. "Cases of Aural Vertigo Amenable to Treatment by Ossiculectomy." *Lancet*, November 4th, 1933.
- GILLIES, Sir HAROLD, C.B.E., F.R.C.S., and McINDOE, A. H., F.R.C.S. "The Late Surgical Complications of Fracture of the Mandible." *British Medical Journal*, December 9th, 1933.
- GRIFFITHS, H. ERNEST, M.S., F.R.C.S. "Painful Constipation." *Practitioner*, December, 1933.
- HAMMOND, T. E., F.R.C.S. "The Constitutional Factor in Health and Disease." *Clinical Journal*, November, 1933.
- HEALD, C. B., C.B.E., M.D., M.R.C.P. "The Physical Treatment of Constipation." *Practitioner*, December, 1933.
- HILTON, REGINALD, M.D., F.R.C.P. "Some Effects of Artificial Pneumothorax on the Circulation." *Journal Pathology and Bacteriology*, vol. xxxvii, 1933.
- "The Action of Artificial Pneumothorax on the Lymphatics of the Lung." *Proceedings of the Royal Society of Medicine*, July, 1933.
- "A Mouthpiece for Collecting Expired Air in Dyspnoea." *Journal of Physiology*, vol. lxxviii, 1933.
- HORDER, Lord, K.C.V.O., M.D., F.R.C.P. "Eugenics—and the Doctor." *British Medical Journal*, December 9th, 1933.
- JORDAN, ALFRED C., C.B.E., M.D., M.R.C.P. "Chronic Skin Troubles of Toxæmia Origin." *Practitioner*, November, 1933.
- McINDOE, A. H., F.R.C.S. See Gillies and McIndoe.
- MYERS, CHARLES S., C.B.E., M.D., D.Sc., F.R.S. "A Psychological Regard of Medical Education." *Lancet*, November 11th, 1933.
- NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. (and SMITH, R. O. A., and KRISHNAN, K. V.). "The Transmission of Kala-azar to Hamsters by the Bite of the Sandfly (*Phlebotomus argentipes*)." *Indian Journal Medical Research*, October, 1933.
- (and SMITH, R. O. A., and KRISHNAN, K. V.). "The Relative Infectivity of the Two Forms of *Leishmania donovani* Administered by Different Routes." *Indian Journal Medical Research*, October, 1933.
- RAVEN, R. W., F.R.C.S. "Stenosis of the Œsophagus." *Post-Graduate Medical Journal*, November, 1933.
- ROLLESTON, Sir HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "Medicine and Literature: Lloyd Roberts Lecture." *British Medical Journal*, November 25th, 1933.
- SHAW, WILFRED, M.D., F.R.C.S., F.C.O.G. "The Pathology of Ovarian Tumours (Part VI)." *Journal of Obstetrics and Gynaecology British Empire*, December, 1933.
- "Deep Transverse Lie of the Head." *Practitioner*, December, 1933.
- SLOT, GERALD M., M.D., M.R.C.P., D.P.H. "The Treatment of Sciatica." *Practitioner*, November, 1933.
- (and McDade, R. S., M.B.). "Chorea Treated with Evipan Sodium." *Lancet*, November 4th, 1933.
- WARD, ROY, M.B., B.S. "Radium in Ophthalmology: With Illustrative Cases." *Proceedings of the Royal Society of Medicine*, October, 1933.
- WEBER, F. PARKES, M.D., F.R.C.P. "Leuconychia (Leucopathia Unguium) Striata." *British Journal of Dermatology and Syphilis*, November, 1933.
- (and WEISSWANGE, W., M.D.). "Simple Achlorhydric Anæmia in Adult Males." *British Medical Journal*, December 9th, 1933.
- WOOLLARD, H. H., M.D. (and CARMICHAEL, E. ARNOLD, M.D., F.R.C.P.). "The Testis and Referred Pain." *Brain*, vol. lvi, Pt. 3, 1933.

CHANGES OF ADDRESS.

- CHOLMELEY, M. A., 43, Upper Richmond Road, S.W. 15.
- CLARK, E. M., Burao, British Somaliland, *via* Aden.
- DRAWMER, C. S., 1, The Crescent, Wisbech, Cambridgeshire.
- FISHER, J. F., Stolkwell House, Melksham, Wiltshire.
- GILDING, H. P., Shelfield House, near Alcester, Warwickshire.
- JEUDWINE, Lt.-Col. W. W., I.M.S. (ret.), "Lochaber", Field End Road, Eastcote, Middlesex.

- LIESCHING, A. C., High Field, Queens' Road, Ryde, Isle of Wight. (Tel. Ryde 386.)
- MALEY, M. L., 15, Victoria Avenue, Southend-on-Sea. (Tel. Southend 2931.)
- RHODES, R. L., Wiasterholme, The Esplanade, Grange-over-Sands. (Tel. Grange 108.)
- THOMAS, G. WYNNE, Aldermaston, Berkshire. (Tel. Woolhampton 13.)

APPOINTMENTS.

- KNOX, J. S., M.R.C.S., L.R.C.P., appointed Junior Deputy Medical Superintendent of Broadmoor Criminal Lunatic Asylum.
- PALMER, C. SPENCER, M.R.C.S., L.R.C.P., appointed Honorary Consulting Physician to the British Legion Village and Sanatorium for Tuberculous Ex-Service Men, Preston Hall, near Maidstone, Kent.

BIRTHS.

- BUNCOMBE.—On December 7th, 1933, at Surrey Street Nursing Home, Norwich, to Grace, wife of Dr. G. H. Buncombe, Gorleston, Suffolk—a son.
- OAKLEY.—On December 6th, 1933, to Dr. and Mrs. Wilfrid Oakley (Hermione, *née* Wingate-Saul)—a son.
- OKELL.—On December 25th, 1933, at Winsford, Cheshire, to Hilda Margaret, wife of Dr. Robert Okell—a daughter.
- SPARKS.—On November 26th, 1933, at 27, Welbeck Street, to Dorothy (*née* Gudgeon), wife of Dr. J. V. Sparks—a son (Harry Hougham).
- WILSON.—On December 15th, 1933, at 45, High Street, Harrow-on-the-Hill, to Ruth, wife of Dr. Henry Wilson—a son.

MARRIAGE.

- BUCKLAND—DODDS.—On November 25th, 1933, at the North Sea Hotel, Arbroath, by the Rev. J. Spence Cuthill, Parish Minister of Arbroath, Dr. Henry Scott Buckland, of Kia Toa Draichin, New Zealand, son of the late Mr. Henry Buckland and of Mrs. Tillard, Bournemouth, to Helen Margaret, second daughter of Henry W. Dodds and the late Mrs. Dodds, Warslap, Arbroath.

DEATHS.

- BLANDFORD.—On December 14th, 1933, suddenly, at Palma Mallorca, Dr. Joseph John Guthrie Blandford, son of the late Rev. Josias Jessop Blandford, aged 66.
- COMBER.—On December 3rd, 1933, at King's College Hospital, Charles Thomas Thornton Comber, M.D., O.B.E., aged 69.
- COULBY.—On December 4th, 1933, at Woodborough Road, Nottingham, George Arthur Coulby, M.D. (Cantab.), aged 67.
- DRU DRURY.—On November 23rd, 1933, at Corfe Castle, Dorset, Ethel Blanche (*née* Sims), wife of Godfrey Dru Drury, M.R.C.S., L.R.C.P., F.S.A., aged 58.
- EARLE.—On December 4th, 1933, at 47, Woodstock Road, Oxford, John Rolleston Earle, M.A., M.B., aged 69.
- GUILLEMARD.—On December 23rd, 1933, at Old Mill House, Trumpington, Dr. F. H. H. Guillemard, aged 81.
- HANDSON.—On December 25th, 1933, at 138, Farnaby Road, Bromley, Kent, C. P. Handson, M.D. (Cantab.), B.Ch., M.A., late of New Cross.
- LANKESTER.—On December 25th, 1933, at his home, 5, Upper Wimpole Street, W. 1, Owen Lankester, M.R.C.S., youngest son of the late Dr. Edwin Lankester, F.R.S.
- NEALOR.—On October 7th, 1933, Lieut.-Col. William Stewart Nealor, I.M.S.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.

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"Dean of the Medical College."

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Durham	16	6	0	(3) . (11)
Essex	229	19	6	(17) . (69)
Gloucestershire	218	12	6	(20) . (66)
Hampshire	406	14	0	(38) . (134)
Herefordshire	13	3	0	(4) . (11)
Hertfordshire	73	0	0	(12) . (73)
Huntingdonshire				(1)
Isle of Wight	181	13	0	(12) . (25)
Kent	556	1	0	(64) . (146)
Lancashire	91	2	0	(11) . (82)
Leicestershire	133	12	0	(6) . (28)
Lincolnshire	47	6	0	(13) . (25)
Middlesex	382	3	0	(18) . (68)
Carried forward	£17,776	18	0	

	£	s.	d.	
Brought forward	17,776	18	0	
Norfolk	159	7	6	(18) . (60)
Northamptonshire	54	4	0	(4) . (17)
Northumberland	101	1	0	(2) . (11)
Nottinghamshire	13	13	0	(2) . (28)
Oxfordshire	180	3	0	(17) . (29)
Rutland				(2)
Shropshire	35	9	0	(8) . (22)
Somersetshire	463	10	0	(26) . (43)
Staffordshire	194	18	0	(6) . (37)
Suffolk	263	1	0	(16) . (46)
Surrey	423	10	6	(43) . (180)
Sussex	266	1	0	(46) . (170)
Warwickshire	177	0	6	(17) . (56)
Westmorland	1	0	0	(1) . (5)
Wiltshire	97	11	0	(11) . (26)
Worcestershire	146	12	6	(19) . (27)
Yorkshire	270	4	6	(21) . (101)
Wales	46	4	0	(10) . (150)
London	2,591	7	8	(173) . (971)
Channel Islands	10	0	0	(1) . (9)
Scotland	14	4	0	(4)
Abroad	48	5	0	(7)
South Africa	326	10	6	(17)
Canada	113	2	6	(8)
East Africa	62	7	0	(6)
West Africa	146	10	0	(5)
India	152	0	0	(7)
Ceylon	4	0	0	(1)
Syria	2	2	0	(1)
U.S.A.	5	0	0	(1)
Ireland	14	14	0	(3)
North Africa	1	0	0	(1)
North Borneo	5	5	0	(1)
Australia	12	2	0	(3)
Egypt	4	2	0	(2)
Malay States	6	0	0	(2)
China	45	7	4	(7)
Siam	10	0	0	(1)
France	50	0	0	(1)
Trinidad	22	2	0	(2)
British West Indies	23	1	0	(3)
Kenya	10	0	0	(2)
New Zealand	2	1	0	(2)
Services	514	14	0	(33)
Others	25,923	10	7	(257)
	£50,789	16	1	

† Number of Bart.'s men in County.

The dance which was held in aid of The College Appeal at the Great Hall, Charterhouse Square, on January 19th was a highly successful affair. There were about 450 people present, and of these a large proportion consisted of the Staff and their friends.

We would like to offer our congratulations to those who were responsible for the arrangements of the evening, and we have been asked on behalf of the Committee to thank all who supported the occasion, and especially Mr. and Mrs. Ashley, who worked untiringly in the bar, and the ladies who decorated the hall and building.

It was with regret that we heard of the retirement of Mr. J. B. Hume from the post of Sub-Dean in the Medical College which he has held since November, 1925. We have to congratulate Dr. Charles Harris on being appointed as his successor.

The Rugby Club, so far, have had a somewhat disappointing season, but after a long run of ill-luck a drawn game with Rosslyn Park and the defeat of Redruth, the Harlequins and Coventry, since Christmas, have shown that the team is in no way inferior to those of the past few years. Since the beginning of the season the sick list has claimed a perpetual stream of injuries. Curtiss, who dislocated his shoulder against Rugby, is unable to play for the rest of the season, while Kingdon, Capper, Gray, Morison and Darmady have all been incapacitated for varying intervals. We hope that the remainder of the season will bring the luck which is so long overdue, and we wish Darmady and his men every success in the Cup matches.

* * *

The Warden requests us to state that the closing date for applications for House Appointments in May is 12 noon, Saturday, February 10th, 1934.

* * *

We have to congratulate Dr. J. M. Hamill on his appointment as Senior Medical Officer in Charge of the Foods Division of the Ministry of Health in succession to Sir George Buchanan.

* * *

We are informed that, at the forthcoming Election for the Council of the Royal College of Surgeons in July, our Dean—Mr. Girling Ball—will be the Bart.'s candidate.

It is the unanimous wish of all the Fellows connected with the Hospital and Medical College that every Bart.'s Fellow should give his vote to Mr. Ball, and we need hardly say that we heartily endorse this wish not only on personal grounds but because of the most important position in the College that the Dean holds.

* * *

The Metropolitan Counties' Branch of the British Medical Association has arranged for some years past, during the Winter Session, a special address to the fourth and fifth year medical students and to recently qualified medical practitioners. Many of our readers will recall the very informative discourse which was given in March, 1933, by Mr. Wilfred Trotter, M.S., F.R.C.S.

The next address of this series will be given by Dr. R. G. Canti on "The Cultivation of Living Tissues", with Cinematograph Demonstration, in the Great Hall of the B.M.A. House, on Tuesday, March 6th, 1934. Tea and coffee at 5 p.m. Address punctually at 5.30 p.m. Dr. Canti's work is well known to all Bart.'s men, and his address is unique and should, therefore, prove to be a most attractive one. A personal invitation to attend the address will be issued at an early date to all concerned, and this invitation must be produced on admission to the B.M.A. House. We advise all who are eligible to attend to make a special note of the date and time.

§

OBITUARIES.

SIR DONALD MACALISTER, Bt., K.C.B., M.D.,
D.C.L., D.Sc., F.R.C.P.



HE distinguished sons of St. Bartholomew's Hospital and College are many, and their fame has been secured by work of very varied kinds. To live to nearly eighty years must, in itself,

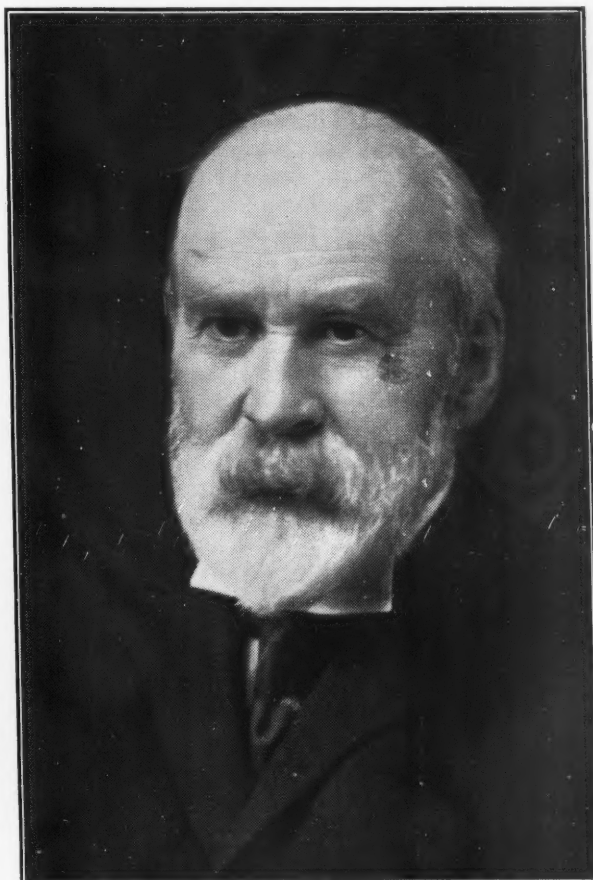


Photo: Russell.

be a reason, when such a span is associated with greatness in work, for the "grand old man" to be a distinguished member of the School. From his very earliest student days MacAlister was a marked man, and his mental ability shone with no uncertain light.

He was born at Perth in 1854, and he was always proud that he was of the ancient family who were the keepers of Tarbert Castle in Argyllshire. To this fact is due the attachment to his name when the King conferred a Baronetcy upon him, for he became Sir Donald MacAlister of Tarbert, Cantire. After his early education

in Aberdeen and Liverpool, he entered St. John's College, Cambridge, later becoming a Fellow of his College. Later came his transfer to St. Bartholomew's, so as to obtain the clinical studies which enabled him to graduate as M.B. of his University.

But prior to his medical activities he showed no small mathematical acumen, being in 1877 Senior Wrangler and First Smith's Prizeman. After taking the B.Sc. (Lond.) he went to Harrow as a mathematical master, but his stay there was but short, for it was in a year or two that he entered our School, and was almost immediately appointed Lecturer in Natural Philosophy, and two years later received his M.B. at Cambridge, and in 1884 his M.D. and M.R.C.P.

Far too much space would be needed even to enumerate all his activities in the many spheres in which he excelled, and he was so great a man that to do so would be quite foreign to his nature, for he never made a boast of his achievements.

Possibly he will be known chiefly in the future as the illustrious President of the General Medical Council. It was here that his qualities shone very brightly, and in which he was most known to the lay public. His connection with the G.M.C. began in 1889, when he was elected to represent the University of Cambridge upon that body, and he retained his seat on the Council until 1933—surely a record time! His Presidency lasted twenty-seven out of these forty-four years.

His appointment, in 1907, as Principal and Vice-Chancellor of the University of Glasgow was one of his honours which he prized very highly. At the end of twenty-two years in this office he was elected Chancellor of the same University—a crowning honour which could not have been more fitting.

I knew him fairly intimately, and a more gentlemanly official, a more kindly mentor and a more delightful companion I do not think it could be one's lot to meet.

Much more could be said, but is not needed to pay that tribute to this great man which is his due, but a note of his life would not be complete without reference to his strongly religious character. He was a man with a quiet faith, rooted in firm Presbyterian convictions, and he served his Church as an Elder with that dignity and power that no one could surpass. Long will his memory endure both at his old Medical School and in the medical profession at large. W. McA. E.

[We have to thank the *British Medical Journal* for the loan of the block.]

SIR WILLIAM LAWRENCE.

For the third year in succession the New Year has been heralded in with tragedy at Bart.'s.

It came as a great shock on January 3rd when the

sudden death of Sir William Lawrence became known to those inside the Hospital.

Sir William, who was Senior Almoner, was on his way to a meeting when he collapsed in the Hospital Square and died before help could be found. His death has severed a connection with the Hospital which has existed throughout three generations of the family. His grandfather was the first baronet, and began his professional career as an apprentice to Abernethy in February, 1799; he worked as a student and surgeon for sixty-six years at St. Bartholomew's, and was appointed Sergeant-Surgeon to Queen Victoria in 1867. The name of Lawrence is happily perpetuated by a ward, and will live on through future generations. In Sir William's death Bart.'s has lost another of her many servants who have rendered invaluable service throughout a brief portion of her long history.

DR. OWEN LANKESTER.

We regret to announce the death, on December 25th, of Dr. Owen Lankester at his home in Upper Wimpole Street, where he had practised for many years.

Alfred Owen Lankester was the youngest son of Dr. Edwin Lankester, and was born on October 26th, 1859. After his school days at St. Paul's School he entered St. Bartholomew's, and will be remembered as one of the founders of the Amateur Dramatic Society. He qualified in 1884, and then held the appointments of House Surgeon at Bart.'s, House Physician at the City of London Hospital for Diseases of the Chest, and House Surgeon at the East London Hospital for Children at Shadwell.

As a West End practitioner he was known throughout London, and his great height, hearty manner and genuine kindness endeared him to all who sought his help. In serving upon the Council of Epsom College and in his numerous other activities he will long be remembered as an unforgettable figure.

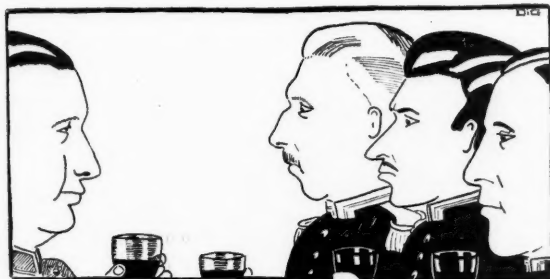
ACKNOWLEDGMENTS.

The British Journal of Nursing—The Nursing Times—Charing Cross Hospital Gazette—Guy's Hospital Gazette—Magazine of the London Royal Free Hospital—The London Hospital Gazette—Middlesex Hospital Journal—Nyanga—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—University College Hospital Magazine—King's College Gazette—University of Toronto Medical Society Magazine—Calcutta Medical College Magazine—Clinical Journal—East African Medical Journal—The General Practitioner—The Hospital—Bulletins et Mémoires de la Société Médécine de Paris—L'Echo Médicale du Nord—Indian Journal of Pediatrics—The Medical Forum—The Medical Press and Circular—Medical Times and Long Island Medical Journal—Post-Graduate Medical Journal—Reale Società Italiana D'Igiene—Revue Belge des Sciences Médicales—Archives Hospitalières.

"BIRD IN HAND."

"**I**T'S all altered—altered, they say, more than was ever known," bemoaned Thomas Greenleaf. "Young men aren't what they were—oh no!". Was it merely an echo in the Great Hall, or did we hear the acquiescent phantom voices of old Harvey, Abernethy and Pott on those four evenings of the play? The young physician play-acting! And with the approval—nay, more, with the applause—of his elders and teachers.

It is seldom that an amateur production can be so much enjoyed as to merit a second visit, such as we were fortunate enough to make. So well finished was the evening's entertainment that it is a pity that it can have no better treatment than that at the hands of a merely amateur dramatic critic.



THE DEATH TRAP.

The Society was as wise in its choice of a main play as it was fortunate in the talent available; each part seemed particularly fitted to the individual acting it.

The question of the suitability of a curtain-raiser is a vexed one. In this instance, the producers must have been impelled by motives other than those of necessity, for "Bird in Hand" is quite long enough and quite entertaining enough to stand alone. There also seemed to be doubt in the matter of the short play's interpretation. Poor, harassed Ruritania is too well explored by now and all its customs too well known to be treated successfully by any other means than the burlesque. H. H. Monro's "Death Trap" seemed to be taken far too seriously by the actors and, therefore, by the audience.

The plot is typical. A young prince, the last of his line, finds that he is to be assassinated very shortly by his bodyguard. His only friend, a physician, by a marvel of "spot diagnosis", succeeds in postponing the deed by stating that he has found evidence of mortal disease in the young man, whose rejoicing at thus hoodwinking his enemies is curtailed by the information that the diagnosis is a true one and that he has less than

a week to live. A deadly drug offers an easier road to the next world than disease, and the curtain falls on the death agonies of the prince and his three assassins, poisoned in drinking the health of the next ruler. A blood-thirsty, fair member of the audience was heard to complain when two of the four thought fit to finish their contortions 'off-stage'. "What a waste of talent!"

With the exception of the sentimental prince, well acted by Stanhope Furber, all the parts would have benefited by melodramatic acting of a more impassioned type, even to the point of overacting. As it was, much of "Saki's" characteristically unexpected wit was lost through its being taken too seriously. Pat Hewlings made an excellent physician, and Messrs. Hosford, Roberts and Gimson, stalwart guardsmen-assassins.

It is a far cry from the intrigue-wracked palace of Ruritania to the peace of an old country inn in the Midlands, at the sign of the "Bird in Hand". In Drinkwater's play the plot is a slender one, and it rests for its entertainment more on the situations and expressions of the rich variety of character displayed. That the play was more enjoyed on a second visit emphasized this. It was, indeed, a happy chance that brought to the old landlord's parlour three such entertaining visitors as mild Mr. Blanquet, a cockney traveller in sardines, moss-collector, music critic, Boy Scout, ex-circus dancer and philosopher; young Cyril Beverley, "Eton-and-Oxford, don't you know", affectedly fatuous and effeminate, but engagingly so, with the courage of a terrier when called upon to face the violent wrath of an irate inn-keeper; and Godolphin, K.C., fastidious, thoroughly the barrister in his manner, but an expert in arbitration during a difficult situation.

Roger Gilbert, as the crusty, old-fashioned host, Greenleaf, gave the best performance of the evening. He had a most difficult part amidst so much comedy. Fighting throughout, like an old stag facing the pack, for the age-long cause of the older generation against the succeeding one, he finds in each character, and in the end, even in his own voice, an enemy to his opinions. His sophisticated, well-educated daughter, Joan, admirably understood and acted by Elizabeth Cruddas, and Gerry, her lover, the son of the local squire, have to summon all available help, including finally that of the squire himself, to break down the old man's opposition to a marriage between his daughter and one "above her station". And this in spite of Gerry's plea, "People are getting over the prejudice against titles, aren't they, sir?" It cannot be easy to make so long a speech as that in the second act, in a play moving with such pace as this, without sacrificing the atmosphere of deep feeling and conviction to a desire to "get it over" quickly. Yet not even with the intensely ludicrous

spectacle of Blanquet in tail coat, night-shirt and bed-socks partially eclipsing his figure, could one listen without sympathy to the old man's complaint. There was never the slightest hint that Gilbert did not himself feel all the anger, perplexity and obstinacy that he so successfully portrayed.

Eilidh Hadfield played the part of the good-natured mother, and gave an excellent impression of the tranquil though much-provoked mediator between the two conflicting generations.

Eric Jewesbury had a part made for him in Blanquet, for, with such a talent for comedy, it would have been difficult for him to provide less mirth than he did. It was in his control that his skill lay. It would have been so easy to have substituted a buffoon for the well-

One only heard a single criticism of the handsome, embarrassed young lover, played by John Paterson—that against the lack of ardour in his affections—highly commendable, but nevertheless disappointing. His father's, Sir Robert Arnwood's, was a difficult part. Coming on as he did at the conclusion of the play, it must have been enough to try the nerves of the most experienced actor. Stephen Hadfield, however, carried the part very well, though his air of assurance occasionally belied his manner.

The very brief, silent visits of Edward Rigby as the barman hardly admit of more than commendation on his appearance.

The producer, Stanhope Furber, is to be congratulated on the high standard of the play. There were none



Photographia.

meaning, earnest little man, and the play would have been ruined. As it was, his restraint was admirable, especially in the instance already mentioned, for as a rule, every movement of his could draw convulsing laughter from the appreciative audience.

As Beverley, Anthony Hinds-Howell had only to caricature his usual flippant self, and he succeeded well in his portrayal of the *blasé*, modern young man. One got the impression that no one in the Great Hall could have been enjoying himself more than this impudent, carefree dandy, with his red "Labour" tie and his monocle. His silent acting in the bedroom was superb.

Stewart Vartan carried conviction as the rather pompous K.C. He never gave the appearance of being on the stage and was always at his ease. Even the innovation of quite a heavy fall on the last night did not disturb his equanimity.

of those dreadful hitches so often associated with amateur theatricals. The timing of the lighting and musical effects was excellent. Perhaps a better indication of the storm outside during the first act would have been helpful.

As is the custom, the music was provided by the orchestra of the Musical Society. That their presence was valuable was evidenced by the rather bleak atmosphere that pervaded the auditorium for the first minutes of the last night, when they were so regrettably absent.

The producer, in a short, bright speech, concluded the entertainment, and for us, two of the most enjoyable evenings spent for a long time.

JOHN ABERNETHY.*

SOME years ago I was, owing to peculiar circumstances, a constant frequenter of the various hospitals and lecture rooms of the metropolis, and I in consequence enjoyed abundant opportunities of seeing and conversing with many of the most eminent professional men of their day. Amongst my earliest recollections of celebrated medical men are those of the well-known and eccentric Mr. Abernethy, of whom so many hundred stories—good, bad, and indifferent—have been told. I saw him, however, on two occasions only, and what occurred on each may not be altogether uninteresting in the narrative. The first time I saw him was when I accompanied a lady and her daughter to Mr. Abernethy's house, which was situated in Bedford Place, or Row, I forget exactly which. The young lady exhibited certain symptoms, which made her friends dread that curse of the English climate, consumption; and, although the family medical attendant had pledged his reputation that their alarm was groundless, nothing but the opinion of so eminent a man as Abernethy could allay their fears. As the parties were relatives of mine, I gladly embraced the opportunity of accompanying them to the celebrated surgeon's house.

When we arrived there it was about ten o'clock in the morning; in front of his door, and along nearly the whole length of the street, was a line of carriages, waiting for the patients whom they had dropped at the Doctor's. Following the numerous persons who were entering the front door, we passed into the hall, and were shown, by a servant out of livery, into a large room, which was nearly filled with persons, who were suffering either from real or imaginary diseases—the latter, I suspect, constituting the majority, for every one who felt a pain beneath the shoulder-blade or an uneasy sensation in the side, or whose skin exhibited the slightest possible shade of yellow, took it into their heads that they were afflicted with liver complaints (for the liver was a very fashionable organ, and its functions very aristocratical in their nature, about that time), and ran off post-haste, from all parts of the three kingdoms, to Mr. Abernethy, who was supposed to exercise a peculiar and exclusive privilege, with regard to the hepatic portion of the animal economy—a supposition at which no one was more amused than the surgical practitioner himself.

Every now and then a door, opposite to that by which we had entered, was opened by another servant,

who called on the patient whose turn came next, to follow him into the presence. As there were some thirty patients before my friend, on the list, we had a long time to wait, during which period, sundry diseased acquaintances were made between unfortunates, and divers stories of melancholy interest related. Most of the patients had made up their minds to visit Mr. Abernethy, as a last resource; and it was really astonishing, after what they confessed to have taken, in the quack medicine line, that they ever enjoyed the opportunity of now trying one more chance. I noticed one remarkable circumstance—it was this—whenever one of the patients described a particular symptom, there were at least a dozen who had just the same; and not one, who if they were not similarly afflicted themselves, but had a particular friend of theirs who was. Then there were various stories of different doctors who had been consulted, and the professional character of some of them was pretty freely discussed. Mr. B— was no better than a butcher—not a bit; and if so and so had taken another bottle of Mr. G—'s medicine, it would have been all up with him. Besides these half-confidential disclosures, there were interesting expositions of domestic medical doctrines, and Buchan appeared to have been pretty generally consulted. Many of the patients, however, looked wretched enough—there were young girls, with hectic flushes on marble cheeks, their large dark eyes and black eyebrows contrasting painfully with their pure and polished foreheads. And then, every minute or two, a white handkerchief would be put up to the mouth, and a half smothered, hacking cough, would sound, as from that sepulchre of hope—a cavernous lung. It was wretched to look at them—hopeful as they were, as consumptives usually are—for their doom was sealed. There was, too, one of the most beautiful looking women I ever saw, in the room, and who would have been singled out, in consequence of her attractions, from amongst a crowd in any drawing room in London, or, indeed, anywhere else. Few casual gazers would have noticed that anything ailed her, but one who *observed* as well as saw, might notice the peculiar appearance of the eye, the sharpened and somewhat shrunken cartilage of the nose, the thin, bluish under-lip, which the upper front teeth were continually grinding as if in suppressed agony. All these appearances told but too plainly that the most fearful complaint to which a woman is subject—cancer—was burying its roots deep in her frame, and intertwining its deadly fibres with the springs of life, which soon they would destroy. But why should I dwell on such themes. Let me hurry on to my more immediate subject.

* An anonymous account published in *Pen and Ink Sketches of Poets, Preachers and Politicians*, London, 1846.

At last my friend's turn came, and following the ladies, or being about to follow them, the footman repulsed me, and refused me admittance, much to my mortification, for I had accompanied the ladies merely for the purpose of seeing the great man. A word or two from the elder lady, to the effect that she "wished Mr. Abernethy to see *me*" (leave women alone for managing these things), set all to rights, and I effected the much desired *entrée*.

We were ushered into a large room, the walls of which were covered with books, from floor to ceiling. In the centre of the apartment was a table, covered with green baize, on which was a writing desk. It being winter time, there was a very large fire in the room—and, standing before it, with his back to the mantel-shelf (over which hung an engraved portrait of John Hunter), his hands being tucked under his coat-tails, which were drawn forward, and hung in front, over his fore-arms, stood, perfectly at ease, a gentleman whom, from the portraits I had seen, and the descriptions I had heard, I knew *could* be none other than Abernethy himself. He looked keenly at us, as we entered the apartment, without moving from his comfortable position, which he retained until after the servant had placed chairs for us, and had quitted the room.

During this period, brief as it was, I had time to examine him pretty closely—and his eyes, too, were by no means unemployed—for they glanced from one to the other of us, as if to discover which of us it was who had come to consult him.

He was rather under the middle stature, and somewhat inclined to corpulency; yet so slightly, that the idea of *fat* never entered into the minds of any one who looked on him. His face was very peculiar, and somewhat pear-shaped—that is, it was narrower than ordinary at the summit of the forehead, which was high, and ploughed transversely with deep furrows. His eyes were small, deep set, grey, and very keen and twinkling. There was evidently a good deal of sarcastic humour in the lines about his mouth. The nose was long and well-shaped. A soiled white cravat enveloped his portly double chin and neck—and his dress, which seemed to have been huddled on, not put on, consisted of a blue dress-coat, cut in antique style, and decorated with bright brass buttons—a lemon-coloured waistcoat, and snuff-coloured "continuations"; and a mean looking pair of old red slippers, which only half concealed some whity-brown stockings, completed his costume.

"Now, then, which of you wants me?" were his first words, which he uttered without removing from his elegant position before the fire.

The elder lady, by a sign, indicated that her daughter was the patient; and was about detailing the symptoms, when he interrupted her with—

"There, hold your tongue, madam!" then sitting by the young lady, he felt her pulse, asked her a few questions, gave a peculiar shrug with his shoulders, and then said to her mother—

"And pray, madam, from how far have you brought your daughter to see me?"

"From B—, sir", was the reply. "Our family physician —"

"Didn't tell you to send her to Mr. Abernethy, I'll swear!" interrupted Abernethy—"a fool if he did!—You've thrown away time and money, madam, by coming here!"

"What! *is* there real danger, sir?" asked the frightened mother.

"Fiddle-de-dee, madam! *There*, ma'am (handing her a slip of paper, on which was written the name of his publisher), go and buy my book, and read page 84. I'll tell you how I came to write the book—there, sit down—don't be frightened—we'll get the red edges off your daughter's tongue, and make it less like a lancet in shape, and she'll do well enough. A great hulky Yorkshire farmer came here to consult me, and told me such a long story that it made me sick. Finding he only did what other people did—tire my patience—I thought I'd say, once for all, what I had to say on paper; and so I put it in a book, and it saves me a good deal of trouble. People come to me with their long stories, and then they wonder that I am rude to them. They abuse their systems, and then expect me to set them to rights all at once. Good morning, madam." So bidding us farewell, he handed a prescription, which he had written while talking, put the three guineas, tendered as his fee, into his waistcoat pocket, and rang a small bell, which summoned a servant, who showed us out through a different door from that by which we made our ingress.

We had not gone half a dozen steps from the door, when the young lady remembered that she had left her parasol on the table. She was hastening back for it, and had just reached the door, when it suddenly opened, and Mr. Abernethy appeared, holding it in his hand:

"Hallo," he called out, in a voice that half frightened the poor girl into hysterics, "here's your what-d'ye call it. What the devil d'ye leave your d—d traps here for? I don't want 'em." And he rudely thrust it into her hand.

Well, thought I, people may well think that you are rude to them; at all events, I never saw any one so bearish before

The second occasion on which I saw him was during the Medical Session in London, when he delivered his lectures in the Theatre of a Metropolitan Hospital. Owing to the great reputation of Mr. Abernethy, and in consequence, in some degree, of his eccentricity, as a man and a lecturer, his class was by far the most crowded in London. Hundreds of young men, who did not care a straw for the information he imparted, regularly went to his lectures for the sake of the fun. In addition to these, many extra-professional gentlemen, and men about town, regularly attended his course, so that Abernethy's day was always looked for with great anxiety. He was very popular with the pupils, and they paid him every respect; indeed he was one who would not be trifled with, and did not hesitate, if a pupil misconducted himself, to soundly rate him from the lecturing table.

He generally lectured at two o'clock in the day—and, at the time I am referring to, I had considerable difficulty in procuring a seat, so early as one. I was fortunate enough to get a position in front of the gallery—fortunate only in one respect, for, as the crowds on the tiers of seats behind and above me increased, I was so pressed upon by the students, that my chest was compressed to half its diameter, against the iron rail which surrounded the gallery in front. They who know anything of medical students, may easily imagine the occurrences which transpired before the commencement of the proceedings. They were, by no means, of the most orderly character. Orange peel flew about, in all directions. Pieces of lint, chewed into pellets, were projected through hollowed armbones, and single vertebrae were flung at opposite neighbours. Caricatures of lecturers were drawn, and handed about. One very unpopular, and not particularly profound, examiner at Apothecaries' Hall (a Mr. W—), was personated by a student, who, in a mock examination, proposed questions to a fellow student opposite, who personated an unhappy candidate for the Diploma—and some such catechetical instruction as the following would be the order of the day:

"I say, you Mr. Squills, where is the North Pole of the Liver?"

"You'll find it by digging through the Diaphragm, W—."

"Why are apoplexy and palsy like spring flowers?"

"Because they're the first of the *neuroses*" (new roses).

"Here, you Tom Tourniquet, why is the Extract of Belladonna like a good lecture?"

"Can't tell; it has something to do with the Iris, I know. Give it up."

"Because, spooney, it enlarges the capacity of the pupil."

"What's the dose of French Brandy? Can any body tell *that*?"

(From a hundred tongues.) "A noggin in the morning, two tumblers after dinner, and as much as you can get tick for at bed-time."

"What's the best thing for a sweat?"

"Antim. Tart., Pulv. Ipecac. Comp., egg-flip, and getting Steggall to grind us."

"And what, if that should fail?"

"Get W—to pluck you, at the Hall."

But, all at once, the hubbub ceased, for the dissecting-room porter entered, placed some jars, containing anatomical preparations, on the table, and, close at his heels, entered Mr. Abernethy himself. Every hat and cap was instantly doffed, a round of applause was given, and then only the voice of the lecturer broke the silence.

Even an abstract of his lecture would be, of course, quite unintelligible. I shall, therefore, content myself with giving an account of his manner, as a lecturer and teacher.

From what I have already inserted, the reader may imagine his personal appearance. It was much the same on the latter as on the former occasion. He commenced his lecture in a clear-toned voice, which had something of the Scotch accent, by a recapitulation of the heads of the last lecture, and then plunged at once into the subject of the day. During a great portion of the time, his hands were thrust into his breeches pockets, and he appeared to be on quite free and easy terms with his audience. Occasionally he would make some droll remark, which, accompanied by a twinkle of his keen, expressive eye, would convulse his hearers with laughter. The *manner* of his telling quaint stories, too, was quite as mirth-moving as the matter—and half the good things he said would be spoiled entirely if uttered by any other person. Of course, he has had a thousand-and-one stories foisted upon his reputation, which were not his; but he *did* often make the oddest and rudest remarks possible, and many of them quite unfit for "ears polite".

When I heard him he was lecturing on diseases of the stomach—and he indulged in some very severe remarks on the abuses which this organ was subjected to by various classes of persons—such as epicures and gourmands. I do not know whether it was his remark or a quotation, but I perfectly well remember his saying, in the course of his lecture, when treating of the digestive functions: "Many think, gentlemen, that the stomach resembles some of our culinary articles, in which the

food is simmered down; others fancy it an oven, in which whatever we put into it is cooked by animal heat. There are those who imagine it to be a tub, in which the food is macerated; but they are all wrong. It is neither a stewpan—nor an oven—nor a mash-tub—but a stomach, gentlemen—a stomach!

Speaking of the diseases of the stomach, he referred to the sympathetic disturbance of the functions of the optic nerves, and described how, in a case where his own gastric apparatus had got somewhat out of order, his sight was curiously affected. "One day," said he, "I was going up the borough road, when, happening to look into a bookseller's shop window, I discovered that, in addition to the little black spots, and rings, and ribbon-like filaments, which floated before my eyes, the halves of many long words were only visible. For instance, one of my books lay in the window, open at the title-page—and on my honour, gentlemen, I could see the A-ber-knee very well, but I couldn't make out the thigh at all." All these sallies were, of course, received with roars of laughter, during which Abernethy would shrug his shoulders, and occupy himself with his snuff-box.

I happened recently to hear an anecdote of Abernethy which is not generally known, and as it is very characteristic, I will give it in this place. I promise the reader that it shall be the only one of the many current stories respecting this eccentric man, for nearly all I have heard tell better in a merry party than on paper.

Doctor Tuckerman, an Unitarian clergyman of Boston, United States, some years ago visited London for the express purpose of having Mr. Abernethy's advice on his case. The rev. divine was a very mild, gentlemanly man, and on his being introduced to the great surgeon, commenced talking something in this way:

"Mr. Abernethy—I reside many miles from hence, and have the charge of a little flock; and my little flock, sir, very kindly wishing me to have your opinion, consented to spare me for a time. I have, therefore, sir, left my little flock——"

But Abernethy's patience was exhausted, and, to the horror of the meek clergyman, he burst out with "D——n your little flock, sir, *stick out your tongue!*"

Some of these stories, however, redound much to his credit, for Abernethy, beneath a rough exterior, had a warm and a benevolent heart. Many a poor hard-working student has he not only admitted without a fee to his lectures, but assisted in the most delicate and substantial way. He died of a disease which, prior to his dissolution, he had most accurately described, and in many respects left not his equal behind him.

SURGICAL APHORISMS.

(Continued from p. 65.)

78.

The efficient treatment of hernia is of enormous economic importance to the community, and its accomplishment affords a wealth of interest and of difficult technical problems to the surgeon. Yet it is commonly regarded as an easy and uninteresting branch of surgery.

79.

Few surgeons admit that their operations for hernia ever fail—usually because they have not followed their patients' after-history. Patients on whom an operation has failed commonly go elsewhere.

80.

The existence of the truss and of the flourishing vendors of the pseudo-truss is a confession of surgical failure. Yet the truss has a definite and important place in the treatment of hernia in elderly people who decline operation or who are in some way unsuitable for it.

81.

There is no hernia that cannot be cured by surgery—provided that the operator has an adequate technical repertory at his command. This statement could not have been made before the introduction of the principle of the "living suture", or "fascial graft".

82.

Hernia is very frequently associated with chronic bronchitis, so that the choice of anæsthetic may have a profound influence on the success of an operation. There is a wide field in hernia for the use of local and spinal anæsthesia.

83.

All strangulated hernias are best operated on under local anæsthesia. The necessity for hurry is thereby removed, and the operation can be carefully performed without any disturbance to the patient.

84.

The orthodox operation for the relief of strangulated femoral hernia—division of Gimbernat's ligament—is a barbarous and unnecessary procedure. A nick in the posterior surface of the inguinal ligament is all that is necessary, whereas the cutting of Gimbernat's ligament destroys the integrity of the patient's defences, and

determines the recurrence of the hernia on a more generous scale than before the operation.

85.

Direct inguinal hernia (a hernia that is necessarily *acquired*) is much commoner than is usually supposed. It is not infrequently found in early middle life, as well as in elderly patients. The majority of direct hernias can be readily diagnosed before operation by applying the test of one finger on the internal ring. Failure to distinguish between direct and indirect hernia is one of the most prolific causes of post-operative recurrence.

86.

Any of the orthodox operations for indirect hernia will frequently fail if applied to the treatment of direct hernia. A plastic operation designed on the lines of sound anatomical knowledge will succeed.

87.

The sacs of direct inguinal and of femoral hernias may be clothed on their mesial sides with a corner of the bladder, and this will be drawn out with the sac. Many patients have lost their lives from ignorance of this fact, and consequent failure to strip off the bladder before the sac is ligatured.

GEOFFREY KEYNES.

(To be continued.)

PEPTIC ULCERS FROM THE SURGICAL POINT OF VIEW.*

THE term "peptic ulcer" is a convenient one to include duodenal and true gastric ulcers. Peptic ulcers may be acute or chronic, and I think it clears the ground if I emphasize strongly that acute ulcers do not belong to the province of the surgeon. On the other hand, chronic peptic ulcers are often, in the opinion of many operating surgeons, kept too long on medical treatment—it may be for years—when a surgical operation might give immediate relief.

I propose, firstly, to discuss the question of operation in cases of chronic gastric and duodenal ulcers, with non-urgent symptoms, and then those cases where surgical measures are the only possible hope of cure. The following notes are based on operations on over 400 cases at St. Giles's Hospital, the majority of which I have done myself.

Although anatomically peptic ulcers may be divided

* Summary of an address given to the East Dulwich Medical Society, October 6th, 1933.

into gastric and duodenal, and in the post-mortem room and on the operating table it is usually possible to distinguish the two, clinically it is often impossible. Surgically it is more convenient to associate together duodenal and juxta-pyloric ulcers in one group, and consider as distinctly gastric those ulcers occurring on the lesser curvature, or on the anterior or posterior walls some little distance from the pylorus. This is a convenient, if somewhat unscientific, division.

It is unnecessary here to enlarge upon the ordinary symptoms of a chronic peptic ulcer—periodic pains and tenderness in the epigastrium, etc., vomiting in some cases, hæmatemesis and melæna. There is one feature which is of great importance in relation to surgical treatment, and that is the complete intermissions in the symptoms which occur—a phenomenon which has never received a satisfactory explanation. These intermissions are not infrequently spontaneous and independent of treatment. In hospital cases they are rather the rule than the exception. A patient, for example, is admitted to hospital, prepared after, it may be weeks of severe pain, to undergo anything the surgeon may recommend. After maybe only two or three days of restricted diet, possibly alkaline powders and very especially complete rest of body and mind, all the symptoms disappear, though the ulcer cannot possibly be healed, and the pain remains in abeyance as long as the man is in hospital, even though he returns to ordinary diet and is up all day in the ward. To such a patient the proposal that he should undergo a serious operation will probably seem absurd, until perhaps he has had three or more experiences of how quickly the symptoms return when he resumes work. Should hæmatemesis—of a severe kind—occur he may become thoroughly alarmed and listen to any advice. The assurance of the surgeon that, although there is now no pain, yet the ulcer can still be seen in the X-ray plate, may sometimes turn the balance. All too often, however, in my experience the patient goes out feeling very fit and having put on weight, to return in a few weeks or months as bad as ever or even, as in some cases I have had, with severe, even fatal, hæmatemesis or with perforation. Other cases, if no such crisis occurs, may go on for years in misery with periodical interruptions in their work, and when at last an operation is done they get complete relief and much regret their previous hesitations. The average working man cannot afford the prolonged time necessary to cure an ulcer by medical means.

Of all means for diagnosing a peptic ulcer none is so helpful as an opaque meal and X-ray, and, let me add, a skilled radiologist. Many cases will reveal either (1) an irritable condition of the stomach, with rapid emptying consequent upon an active duodenal ulcer, or (2)

a marked deformity of the "duodenal cap", or (3) an actual ulcer crater in which the opaque medium collects and remains for some time, or (4) a greatly dilated stomach, due to pyloric stenosis, with retardation in the emptying of its contents, or (5) a greatly deformed (*e.g.* hour-glass) stomach.

Diagnosis having now been positively made, let us consider what may happen to a chronic peptic ulcer once established.

(1) In some cases, with intensive dieting, medical treatment and prolonged rest of body and mind, pursued over many months, the ulcer may entirely heal. My experience has been that few working-class men can or will give the necessary time to obtain a real cure along these lines.

(2) The ulcer may remain unhealed, causing recurrent bouts of pain and periodic interruptions in employment of a very serious nature for the head of a family.

(3) *Hæmatemesis* may occur—a condition always serious in a chronic ulcer. It may produce the most profound *anæmia*. It cannot be controlled or prevented by drugs, but is often entirely stopped by operation during an interval.

(4) Cicatrization of an ulcer in the duodenum or at the pylorus may lead to such stenosis as to produce a dilated stomach with greatly hypertrophied muscular wall. When cicatrization occurs at the lesser curvature the peculiar condition known as "hour-glass stomach" occurs, which I shall refer to later. Early operation may prevent both these deformities.

(5) The ulcer may perforate—a condition of extreme abdominal emergency which, if the patient receives immediate operative treatment, may not be fatal, but at the least must be a cause of intense pain and anxiety.

I have made an analysis of 143 operation cases which I had under my care at St. Giles's Hospital, of which 81% were my own operations. Of these cases 77% were males, duodenal and juxta-pyloric ulcers being much commoner with men. Posterior gastro-jejunostomy was done in 134 cases; anterior gastro-jejunostomy was done (because adhesions made the posterior operation impossible) in 4 cases; and gastrectomy, in one form or another, in 5 cases.

The rationale of operation in cases of stenosis is obvious. There is an organic obstruction at the outlet of the stomach leading to dilatation, hypertrophy of the muscular wall and vomiting. Pyloric stenosis was definitely present in probably some 25% of all my cases. Operation was only undertaken in very definite cases where the results of palliative treatment had failed. In a few cases where exploratory operation failed to reveal an ulcer nothing further was done.

After gastro-jejunostomy the passage of the stomach

contents through the new stoma, by giving the pyloric end of the stomach and the duodenum a rest, frequently leads to rapid healing of a peptic ulcer. After two or three months, if there is no stenosis, the greater part of the food gradually resumes its normal passage by the pylorus. It has been maintained that the existence of the gastro-jejunostomy stoma, by continuing to allow a certain amount of the alkaline contents of the jejunum to regurgitate into the stomach, reduces the hyperacidity of the gastric contents, which is usually present in gastric ulcer, and thus prevents recurrence of ulceration. Occasionally, but happily in my experience not very commonly, ulceration at the stoma—jejunal ulcer—may arise and necessitate further operation. In the records 46 cases are definitely described as duodenal, but this is an understatement, the description having been used chiefly for deeply seated ulcers, an inch or more beyond the pyloric sphincter. Seven of the cases had ulcers on the lesser curvature and two large ulcers on the anterior and posterior walls respectively. Two of the gastro-jejunostomy cases had regurgitant vomiting, but were cured at once by jeju-jejunostomy. The eventual results in the great majority of the whole series appear to have been very satisfactory. I have seen many of the cases off and on for years. I only regret now that I have not fuller notes. The mean age of all the cases at the time of operation was 43.

Four of the cases which were done for severe *hæmatemesis* died of recurrent gastric hæmorrhage after the operation.

So far I have described cases where the necessity for surgical interference may be a matter of opinion. I wish now to mention two conditions in which surgery presents the only possible hope of cure—indeed, in the latter of them, of saving life. These are hour-glass stomach and perforated peptic ulcer.

An "hour-glass" condition of the stomach is produced by slow cicatrization of an ulcer on or near the lesser curvature, so that the stomach comes to consist of two pouches connected by a narrow passage. This may be so narrow as hardly to admit a little finger. It occurs chiefly in women; in my series 80% were women. As it takes years to form it is a disease of late middle age; our mean age was 54.

The symptoms of hour-glass stomach are various, and are often complicated by the presence of an unhealed ulcer at the site of contraction. The occurrence of sudden perforation is sometimes the first acute symptom. Further, as has been pointed out by Moynihan, pyloric ulceration is frequently present. All cases have a long history of gastric discomfort, and most have severe attacks of pain, frequent vomiting and *hæmatemesis*. No means of diagnosis are so certain as

radiography. By the aid of an opaque meal and skilled observation the distortion of the stomach can be seen, and in the great majority of cases an organic contraction can be distinguished from one due to spasm. Diagnosis having once been made, there can be no hesitation in recommending an operation, as that alone holds out hope of cure. Of my 15 cases, 2 were admitted dying—one after gastric perforation, the other with "gastric tetany", the consequence of prolonged starvation. This latter case had been diagnosed mistakenly at another hospital long before as one of inoperable carcinoma. Both cases might have been cured had they been diagnosed correctly a little sooner. Of the remaining 13 cases which I operated upon, all got well, and those I have been able to trace are much improved or describe themselves as cured. The four operations done were either (1) posterior gastro-jejunostomy (5 cases), or (2) double gastro-jejunostomy (one stoma in each pouch) (2 cases), or (3) gastro-gastrostomy (3 cases), or (4) mid-gastric gastrectomy (3 cases). The choice of operation depends on circumstances, and I have discussed the cases more fully elsewhere (1).

Perforated peptic ulcer is a surgical emergency relatively common, and one which any surgical resident may have to deal with at any time. In my records at St. Giles's Hospital I had 246 cases under my care, 6 of which, however, were "malignant" and do not come into my series. Over half the cases were my own operations, and the others were done by my surgical residents of operating experience.

With regard to age, 65% were between 30 and 60, 6 were under 20 and 6 were over 70. 90% of all cases were males (2). The signs and symptoms of an acute peptic perforation—the sudden onset of agonizing abdominal pain in the upper abdomen, the board-like abdomen and the subnormal temperature—are so typical that a case should never be missed by a medical man with any surgical hospital experience. Yet I regret to say it is all too often undiagnosed in general practice. But a "leaking ulcer" is more easily overlooked, particularly as treatment—complete abstinence from food, rest, and especially the administration of morphia—may disguise the symptoms. Yet these, like all the acute cases, need operation without any unnecessary delay. Laparotomy, suture of the ulcer and, usually, suprapubic drainage will be needed by most cases. When the general condition is fairly good a posterior gastro-jejunostomy should, in my opinion, be done at once and much subsequent trouble be prevented, but it should not be undertaken unless the operator has had considerable experience of gastric surgery. I find we did it in 63% of all cases. The mortality-rate, if all but moribund cases are given a chance, must be

considerable, as long as practitioners fail to send in such cases at once. Our rate was 25.5%. The two factors which bear on this are, firstly, the length of time between perforation and operation, and, secondly, the patient's age. Thus, whereas the mortality for all cases with perforation of under 5 hours was 11.5%, it rises to 80% in cases with perforation of over 20 hours. With regard to age, it was 8.3% under 30 and 10% between 30 and 40, but 40.6% between 60 and 70 and 50% over 70. The common causes of death are septic broncho-pneumonia and empyema, subphrenic abscess and cardiac failure due to toxæmia. The great majority of cases can be cured if operated upon soon. It is, however, better still to prevent the risk of perforation by timely operation at an earlier stage of ulceration.

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E. W. G. MASTERMAN.

MEDICAL PSYCHOLOGY IN THE CURRICULUM.



NE of the changes we are led to expect in the medical curriculum is the introduction of some training in medical psychology, and a great deal might be said for and against this new development.

It seems reasonable to open up the problem in this JOURNAL, which is read as much by students as by qualified doctors, for it is the demand of the medical student that is chiefly responsible for the proposed changes. Indeed, the medical curriculum, as is notorious, is so overcrowded that it would be impossible to add any new burden that was entirely unpopular.

Medical students at the universities to-day are interested in psycho-analysis as well as in philosophy and art and politics, and they are flabbergasted if, when they come to the wards, they find less understanding of psychology among their teachers than among themselves.

At the same time some of the teachers of medicine recognize that their teaching is not as helpful as it might be in preparation of a man for general practice, and they are anxious to see what can be done to meet the growing demand for the teaching of psychology.

Another way to put this would be to point out that the advances in physical medicine have now brought us to the point at which disease and disorder without physical basis can be scientifically studied. For instance, irritability in infancy was put down to rickets when rickets was a common disease. Now that rickets is better understood and can be prevented and is uncommon in London, the still common irritability can be studied as a separate symptom. Again, while Graves's disease was little more than a clinical picture, it was natural that physicians should assume that the common anxiety states were minor manifestations of thyroid hyperfunction. Now that Graves's disease is more clearly defined, it is easy to see that the common anxiety states are psychogenic, and the difficulties at the boundary arise chiefly from the problem as to what is the importance of emotional factors in the genesis of any one case of Graves's disease.

Examples might be given *ad infinitum*, for there are few physical diseases that are not hedged about with more common symptom-complexes without physical basis. Our gratitude to these physical disease enthusiasts who have done the pioneer work, who have cleared the ground of superstition and quackery, is best shown if we use the light that has been let in to examine the common symptoms met with in general practice.

It is an astounding thing that the majority of patients who go to the doctor have no disease of the kind that we learn about at hospital. A colleague of mine divides his out-patients into "cases" and "tripe". Out of twenty patients he may select half a dozen, and the rest he leaves to any old assistant. I forgive him because he really does know something about the six cases—nephritis, pyloric stenosis, pleurisy, etc. But I do not agree that we can continue to throw away the tripe with a gesture of contempt, especially at a teaching hospital. Someone can be found who likes tripe, especially if there is added some onions of understanding. Indeed, the type of case that my colleague is throwing away is quite as interesting and important as nephritis, anæmia and rickets. Moreover, there are only a limited number of such physical diseases in any one area, and the experts are many and increasing, so that they will have to scramble more and more for the odd case; whereas the tripe material is unlimited, the tripe-expert is always in demand, and the research to be done once the psycho-analytic technique has been acquired is rich and varied.

Some experienced practitioner will remark: "All my life I have been a psychologist, chiefly unknowingly, intuitively, and I protest against the suggestion that there is anything new about medical psychology. In my practice much of my success has been due to the

fact that besides having an up-to-date knowledge of physical disease I have had an understanding of my fellow man, and this comes only from inborn sympathy and from the experience of one's own life."

No one can doubt the truth of this practitioner's boast, and it is my opinion that nothing will ever render out of place the practitioner's intuitive understanding and treatment of ill people. After all, every patient has a psychology, even if he also has physical disease, and the physical disease merchant has little consultant value if he has not an understanding of the patient as a human being.

What, it must be asked, is the relation of the new medical psychology to this property of every good general practitioner? This introduces an important point. I consider that the real danger of the teaching of medical psychology lies in the possibility that medical students will feel that a few lectures on psychology and a little reading can take the place of what our practitioner friend described as natural sympathy and personal experience of life. It is easy to get hold of a few phrases, such as "complex", "repression", "self expression", and by judicious use of them to appear very understanding. But no amount of such learning can bring the young doctor to the standard of his own, original, untutored, uncritical understanding. If this is poor to start with, matters can only be made worse by the addition of a few pseudo-scientific terms.

It is essential to realize that psycho-analysis is not just an extension of this quality of human sympathy and understanding. In fact it is more true to say that it is impossible for anyone to help a patient by ordinary methods (the specialized kind of friendship that is the doctor's), and at the same time to analyse that patient. It is also impossible to teach and analyse a person at the same time. For in friendship, as in confessional and teaching, the unconscious emotional relationship, that links the individual to the friend, priest or teacher is cherished and used, whereas in psycho-analysis it is itself analysed.

In this way psycho-analysis is an attempt to make an objective examination of the patient's unconscious feelings, and incidentally to promote a spontaneous becoming-conscious of what was previously unconscious, whereas friendship assumes the unconscious feelings, and in virtue of their existence does what it can on the surface. Thus the two are complementary and applicable to different situations, and no one need fear that because a few people are analysed there will be no room for friendship.

It must be pointed out, however, that by the method of investigation called psycho-analysis, more has been found out about the ætiology and treatment of neuroses

and psychoses in thirty years than by the other forms of approach in a thousand. All along the ages the understanding of the present-day psycho-analyst has, of course, been surpassed by the artists and poets in their greatest works. Pre-analytic art is the best check the analysts have on their work. But these artists did not help forward the treatment of psychologically ill persons, except perhaps by preparing the ground to some extent for the acceptance of Freud's analysis of the unconscious.

In my opinion it is safest to divide the teaching of psychology into two distinct departments, without overlap. The one is concerned with helping the interested student to observe the clinical facts, with avoidance of terms that are not in daily domestic use. Much that is observed by the student in this way must touch his own psychology deeply, and opportunity should be given for him to drop out of the course, without the necessity of concocting a reason. There is ample scope for the demonstration of every-day psychology in this way in any out-patient department, especially in one that deals chiefly with infants and children, as I have proved by my own experience. And if unchosen physical and psychological and mixed cases can be dealt with as they come, before a group of students, a very clear picture of general practice problems can be given them. Adult patients present the same problems, but crusted round with secondary formations which make demonstration more difficult.

The other, quite distinct, psychological teaching is the psycho-analytic. This word "psycho-analysis" is used in all sorts of ways, but it is correctly used to denote the technique developed by Freud and his school. There is a British Psycho-analytic Society with sixty odd members and associate members, and an International Psycho-analytic Society, with branches in a dozen countries. It is only fair to tell young men who wish to take up psychological research that it is useless for them to do so unless they will first become psycho-analysed. In a previous paragraph I pointed out that students should be free to stay away from psychology lectures, because their own psychology would be touched by the clinical findings in the demonstrations. This is necessary, but how much more so is it impossible for a student to explore the unconscious. Sooner or later in any case he must come against his own repressing forces, and this difficulty can be greatly lessened by psycho-analysis of himself. Anyway, the recent advances in psycho-analytic technique and theory have been so great that it is impossible to add anything of value until after analysis of oneself and after full training in the established technique. There is then, of course, ample opportunity for the exercise of individual gifts, and it is

interesting that the most important critics of psycho-analysis, critics who have caused the most valuable developments of technique and theory, have been the psycho-analysts themselves.

Now psycho-analysis is a long process, and it cannot be expected that many students will wish to be analysed. For this reason nothing should be done to make them lose confidence in their own intuitive powers, which they will need to exercise to the full in the course of their lives. But it can be insisted that the teachers of Medical Psychology shall have been analysed. In fact it is only in this way that teachers with bees in their bonnets shall be kept away.

The chief danger, then, that arises from the new decision to teach medical psychology is that a smattering of pseudo-analytic terms should be given students. These are the two safe extremes which I have outlined, namely, opportunity for instructed clinical observation on the one hand, and, on the other, psycho-analysis, which can only properly be taught in the established school of psycho-analysis—The Institute of Psycho-analysis. Students should be warned against falling between these two stools.

D. W. WINNICOTT.

SPATS.



LET those who will spend their time in Jamaica at the luxurious "Grand Hotel". For our part we preferred a smaller and more quiet place, and found one at Mayfield, which nestles comfortably at the foot of the Blue Mountains, a few miles away from the hot and noisy city of Kingston.

The one-storied bungalow, cooled by deep shady verandas, stands in a lovely garden, full of tropical shrubs and flowers, and here it was possible for a visitor to get some idea of colonial life and an opportunity to sample Jamaican food.

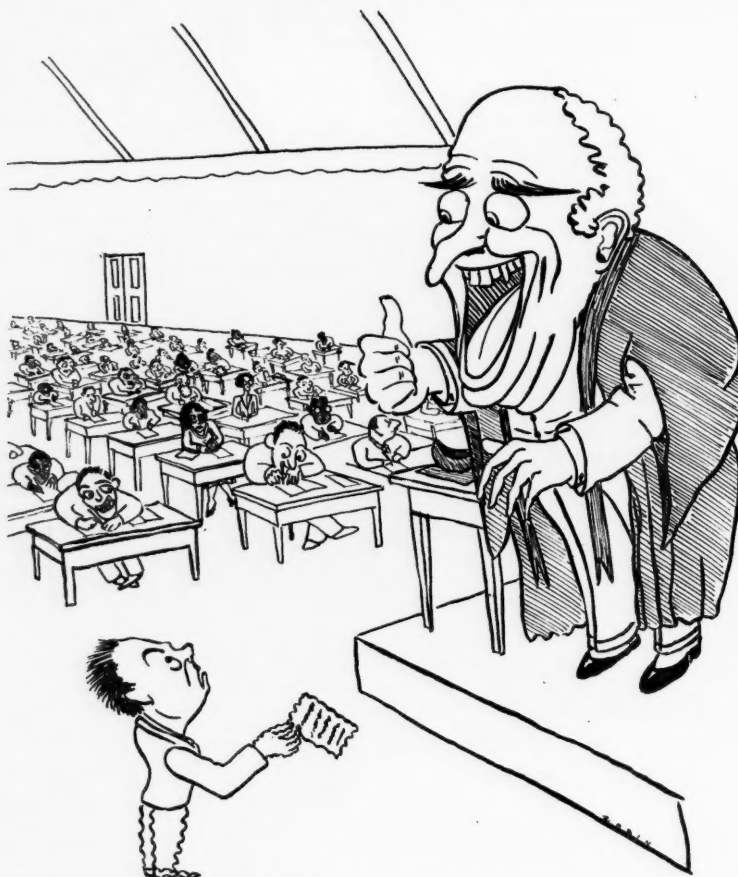
In all the "Grand Hotels" the world over, it seems to be the aim of the management to make each hotel as like as possible to all other "Grand Hotels", and the only local colour is supplied by the very sophisticated native staff.

Mayfield was owned and managed by a charming Jamaican lady, assisted by smiling negro servants. Here was no crowded lounge, nor noisy cocktail bar. After an excellent dinner you could sit in peace in the veranda and enjoy a fairy cabaret, where fire-flies danced to an orchestra of whistling tree-frogs.

Our first Jamaican dinner was a successful culinary adventure, which included many island dishes new to us. The meal began with Jamaican pepper pot, a dish renowned throughout the West Indies, and one spoken of with respect and admiration in *Tom Cringle's Log*, as well as in many other old books about the early days in Jamaica. This was followed in turn by a fish called daker snapper, squash in cream sauce, and baked

name. Spats was like one of these millionaire masters of industry, who, in spite of every disadvantage of birth, education and up-bringing, eventually becomes prosperous, respected and happy. As in nearly all cases of the self-made, Spats had gone through early difficulties and struggles. This we learned from our hostess when we asked her to tell us his story.

Originally, she informed us, Spats had belonged to



THE CANDIDATE WHO ADMITTED THAT HE WAS UNABLE TO ANSWER AT LEAST FOUR QUESTIONS IN THE CONJOINT SURGERY.

(With apologies to H. M. Bateman.)

yampey. By way of a sweet we were given fresh stewed guavas with coco-nut cream. This feast for the gods concluded with locally grown coffee and Jamaican cigars.

It was not long before we had made friends with a member of the household, who, though both black and white, was by no means the least important resident at Mayfield. This was "Spats", a dog of engaging manners if of doubtful pedigree. His short coat was black, his tail long and thin, while his paws were white, from which last characteristic he got, no doubt, his

name. Spats was like one of these millionaire masters of industry, who, in spite of every disadvantage of birth, education and up-bringing, eventually becomes prosperous, respected and happy. As in nearly all cases of the self-made, Spats had gone through early difficulties and struggles. This we learned from our hostess when we asked her to tell us his story.

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Up to this time any charming qualities of Spats had not come to be appreciated, and he was regarded and treated merely as a pariah dog. At length his visits

became so repeated and so unbearable that ruthless measures were decided upon to get rid of him once and for all. One fateful morning, Stanley, the coloured house-boy, was ordered to take the dog to the lethal chamber at Kingston and there have him painlessly and utterly destroyed. Together the two set off, Stanley with a shilling in one hand, the fee for the humane operation, and a cord attached to the victim's neck in the other.

As Stanley and the dog disappeared out of the garden gate the lady of Mayfield gave a sigh of relief to see the last of the persistent intruder.

That same evening, just when the household was about to sit down to dinner, a noise was heard outside and in bounded Spats, all doggish smiles and wagging tail. But Spats came back alone, without Stanley. Next day came and went, and still no Stanley. Days, weeks and months passed, but Stanley was never seen nor heard of again.

We may be truly thankful that the golden gift of speech has been denied the so-called lower animals, but if an exception could be made, it should be in the case of Spats, so that he might solve for us the mystery, and tell exactly what happened that day, after he and Stanley left to go together to the lethal chamber.

Needless to add that Spats is now at Mayfield for life, an honoured guest and a beloved member of the family.

PHILIP GOSSE.

STUDENTS' UNION.

DANCE.

The first social function held in the Great Hall of the New Medical College, Charterhouse Square, took place on January 19th, when a very successful and enjoyable dance was held. The Dean and Mrs. Girling Ball, Sir Charles and Lady Gordon-Watson and Prof. and Mrs. Woollard were among the 450 people present.

The Dean, in a bright and witty speech, paid tribute to the help Prof. Woollard had given him in his work for the New College. He pointed out that it was the first time that the Hall had been used for a dance, and he hoped that it would not be the last. Prof. Woollard replied on behalf of the Dance Committee.

The members of the Committee would like to take this opportunity of tendering their very grateful thanks to the ladies who, led by Mrs. Ball and Mrs. Woollard, so freely gave their help in the decorations, and to Mr. and Mrs. Ashley for their untiring efforts in the bar.

The proceeds of the dance will be given to the College Appeal Fund, and it is hoped to publish a balance-sheet next month.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. REDRUTH.

Played at Winchmore Hill on December 30th. Won, 11—6

After an enforced rest of a month, during which it had been necessary, on account of frost, to cancel matches against R.M.A., Northampton and Old Paulines, the Hospital, with the responsibility

of Cup matches looming in the near future, succeeded in beating a strong Redruth side in a convincing fashion. The visitors, without Curnow, opened the game up from the start and, bearing in mind the toll taken by Christmas at Bart's and the previous total of victories, it becomes impossible to account for the display given by the whole Bart's team, who, without exception, showed themselves to be fit and quite capable of holding their own against lively forwards and livelier backs.

The Hospital forwards showed a definite superiority, and although weakened by the absence of Darmady and Gray, both ill, they packed low, giving Hunt the chance, of which he made full use, of securing the ball in almost every scrum.

Play was indeterminate and neutral for a large part of the game; Glasson, from a 10-yard scrum, opened the score for Redruth with an unconverted try. Shortly, however, a Hospital forward getting offside gave Jennings the opportunity to kick a penalty goal later.

The Hospital backs showed a remarkable degree of accuracy, pace and *finesse*—factors which have been in evidence before, but never in combination. Kingdon was the origin of every movement, and scored both the Hospital tries, both of which were the result of really fine combined efforts; Capper converted one.

The final stages were marked by robust play on both sides.

Two minutes from the end Capper kicked a good penalty goal and put the issue beyond doubt.

Team.—C. M. Dransfield (*back*); J. G. Youngman, R. M. Kirkwood, F. J. Beilby, J. G. Nel (*three-quarters*); J. R. Kingdon, J. D. Wilson (*halves*); F. H. Masina, R. S. Hunt, P. D. Swinstead, J. M. Jackson, E. E. Harris, J. C. Newbold, W. M. Capper, R. Mundy (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. HARLEQUINS.

Played at Winchmore Hill on January 6th. Won, 12—10.

The absence of Dunkley and R. E. Prescott, playing in the English Trial, weakened the Harlequins' pack, while the Hospital were without Darmady and Gray; despite this, the Bart's forwards, by no means discouraged by early reverses, proceeded to settle down and largely control the game.

Weak tackling allowed Tucker to send Swayne in for an early converted try, and a few minutes later Style broke through in the centre, and, drawing Morison, gave Russell-Roberts a clear run for another try, which Style again converted.

From this point the Hospital improved greatly, and with the forwards heeling quickly, the backs launched a series of attacks, from one of which Nel narrowly scored by the flag; Capper failed with the difficult kick. The Harlequins responded with quick-passing movements, which were met by a much strengthened defence. Play continued in mid-field until Wilson sent a reverse pass to Youngman, who, having made ground, gave Mundy an inside pass, enabling him to score by the posts. Morison failed to convert.

After the interval play was largely confined to 'the Harlequins' "25". Eventually Nel cross-kicked, and Fairlie-Clarke, following up, scored another unconverted try. Only one point behind, and the Hospital, by dint of perseverance, kept the ball well in the Harlequin territory; finally, from a scrum, Kingdon cut through, and a yard from the line gave Fairlie-Clarke the final pass and the winning try. Capper again failed to convert.

Of a team which played exceptionally well together and so thoroughly deserved their victory, mention must be made of Newbold and Kingdon, both of whom had moments approaching greatness.

Team.—C. R. Morison (*back*); J. G. Youngman, R. M. Kirkwood, G. A. Fairlie-Clarke, J. G. Nel (*three-quarters*); J. R. Kingdon, J. D. Wilson (*halves*); F. H. Masina, R. S. Hunt, P. D. Swinstead, J. M. Jackson, E. E. Harris, J. C. Newbold, W. M. Capper, R. Mundy (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. O.M.Ts.

Played at Teddington on January 13th. Lost, 15—5.

Had the O.M.Ts. possessed a competent place-kicker the score against us might well have been greater; but in spite of this, no excuses for the Hospital are necessary. Faced by a strong and versatile opposition and weakened by the absence of five members of the team, they played better than the final score might suggest, and were, many times, within an ace of scoring.

The Hospital pack was outweighed, and their adoption of a 3-4-1 formation did not seem to improve matters. Although securing the ball infrequently from the tight and not at all in the

lines-out, the backs made incisive attacks, many of which, against a side less resolute than the O.M.Ts., would have been rewarded. The Hospital defence was not without fault, and towards the end this appeared to be due to unfitness.

The first half of the game was unexciting, although Bart.'s might have led had Nel been given sufficient room on more than one occasion. It was, however, left to Turnbull to open the score by a brilliant run, which fully deserved its success; the kick failed. Edmonds shortly afterwards scrambled over for another unconverted try.

After the interval the brothers Heck dominated the game, and the Bart.'s backs, behind beaten forwards, found it increasingly difficult to stem the subtle tide of attack, which eventually, dammed in one source, broke through in another, Heck (H. D.) scoring two tries in quick succession and Turnbull side-stepping his way to another, none of which were converted.

The Hospital continued to fight hard, and from a scrum Mundy broke through to give Jackson a scoring pass. Morison converted.

Team.—C. R. Morison (*back*); J. G. Nel, G. A. Fairlie-Clarke, R. M. Kirkwood, J. G. Youngman (*three-quarters*); J. R. Kingdon, J. D. Wilson (*halves*); P. O. Swinstead, R. S. Hunt, F. H. Masina, J. M. Jackson (*capt.*), E. E. Harris, C. M. Dransfield, J. Nicoll, R. Mundy (*forwards*).

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL V. OLD MONOVIANS.

Played at Winchmore Hill on Saturday, January 6th. Won, 3—0.

Bart.'s did not field a full side for this game, but had little difficulty in winning by 3 goals to *nil*. These three goals were scored in the first twenty minutes of the game, Royston (twice) and Brownlee being the scorers. Having established a comfortable lead, the Hospital seemed to lose interest in the match, and were content to keep the ball at their opponents' end of the field, without appearing dangerous at any time. The visitors did not seem likely to score, and Owen, in goal, had scarcely a shot to deal with. Altogether this was a disappointing game, though there was little doubt that Bart.'s were the better side.

Team.—W. A. Owen (*goal*); J. P. McGladdery, A. H. Hunt (*backs*); J. D. Ogilvie, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, P. A. K. Brownlee, G. R. Royston, R. Shackman, R. C. Dolly (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL V. OLD WESTMINSTERS.

Played at Winchmore Hill on Saturday, January 13th. Won, 10—0.

This is usually a very close game, and the result was one of the biggest surprises for some seasons.

The game ran an even, if slow, course for the first few minutes, neither side claiming a definite advantage. After about fifteen minutes Carey made a good opening on the left, and Dolly's centre resulted in Brownlee scoring a good goal. Shortly afterwards Brownlee broke away on his own, and scored again with a well-controlled shot. A few minutes later the same player completed his "hat-trick" from a pass from Carey. Just before half-time a penalty was given against one of the visiting full-backs for handling the ball, and Howell gave the goal-keeper no chance of saving the kick.

Thus the Hospital crossed over with a four-goal lead, and, having tasted blood, seemed eager for more, for they were soon attacking fiercely. Nicholson scored with a hard shot from a very acute angle, and another shot from him was diverted into the net by one of the visitors. Royston scored from close in, and Dolly put across a good centre, from which Brownlee added to his tally with a perfectly-judged header. The Old Westminsters continued to play hard, but Bart.'s were not to be denied, and Waring scored from outside the penalty area with a fine shot. The scoring was completed by Dolly, who volleyed past the bewildered visiting goal-keeper shortly before full time. Thus the Hospital put up their biggest score for several seasons, and the attack is to be congratulated on its magnificent shooting from all angles.

Team.—T. O. McKane (*goal*); G. Herbert, A. H. Hunt (*backs*); J. W. B. Waring, D. R. S. Howell, W. M. Maidlow (*halves*); R. C. Nicholson, P. A. K. Brownlee, G. R. Royston, C. J. Carey, R. C. Dolly (*forwards*).

REVIEW.

THE PRACTICE OF SURGERY. By RUSSELL HOWARD, C.B.E., M.S., F.R.C.S., and ALAN PERRY, M.S., F.R.C.S. (London: Edward Arnold & Co., 1933.) Fourth edition. Pp. vii + 1338. With 8 coloured plates and 584 illustrations. Price 30s. net.

This well-known text-book has attained another edition. Since its first appearance in 1914 it has become the student's friend in moments of trouble, and has helped many candidates through the College finals and other qualifying examinations.

The present edition has been thoroughly revised and brought up to date, especially the sections dealing with modern treatment and diagnosis. It is unnecessary to give this already popular book further praise, but we point out small printer's errors on p. 36, line 29, where "return" should be "returns", and in the index, *ecchondroses* p. 224 and not 234.

CORRESPONDENCE.

EIGHTEENTH CENTURY BONE-SETTERS.

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—During a sojourn in "Percivall Pott" Ward I have had the additional good fortune to be given access to an old volume of the works of its eponymous hero, dated 1775. Here, in preface to Mr. Pott's treatise upon fractures and dislocations, are to be found some observations upon the bone-setters of his day, whose activities at that time embraced the frank deformations he was describing, instead of being applied, as they are to-day, to almost every variety of affliction except these. His words on this evergreen subject (evergreen in more senses perhaps than one) are so remarkable alike for the justice of their sentiment and the distinction of their phrasing, that I am tempted to send you a partial transcript, amending only the long "s" of that period, in case you may think them worthy of re-birth in your columns:

"No part of surgery is thought to be so easy to understand as that which relates to fractures and dislocations. . . . Every, the most inexpert, and least instructed practitioner, deems himself perfectly qualified to fulfil this part of the chirurgic art. . . .

"This is also the opinion of a considerable part of the people. They regard bone-setting (as it is called) as no matter of science. . . . We all remember the great, though short-lived reputation, of the late Mrs. Mapp. We all remember that even the absurdity and impracticability of her own promises and engagements were by no means equal to the expectation, and credulity of those who ran after her; that is, of all ranks and degrees of people, from the lowest labourer or mechanic, up to those of the most exalted rank and station; several of whom not only did not hesitate to believe implicitly the most extravagant assertions of an ignorant, illiberal, drunken, female savage; but even solicited her company, and, at last, seemed to enjoy her conversation.

"The desire of health and ease, like that of money, seems to put all understandings, and all men upon a level; the avaricious are duped by every bubble; the lame and the unhealthy by every quack. Each party resigns his understanding. . . .

"Arts, trades, and manufactures are allowed to be learnt, in general, by those who have employed a proper quantity of time and attention in such pursuits; and it seems most singularly unjust, as well as untrue, to suppose that physical people are the only part of mankind who are all either so dull as not to be able to learn; or so profligately wicked, as not to practise their art to the best of their judgment, and to the greatest possible advantage of mankind. . . .

"I remember, some years ago, to have heard a judge from the bench tell a jury, that he believed a country bone-setter knew full as much, if not more of the matter of his own business, than any, the most eminent surgeon in the Kingdom. I will not enter into a disquisition concerning the rightness of a judge's opinion. Perhaps his lordship might very little understand the thing concerning which he decided so peremptorily; without either injustice or partiality, I may certainly suppose him to have been a much more able lawyer than surgeon. . . ."

Times have changed no doubt; but the secular disposition, shown by the ignorant (of all classes) to decry us "physical people", whose fault is that we have spent "a proper quantity of time and attention" in learning our business in lieu of knowing it by miracle, shows little sign of wear since 1775.

Yours truly,

Percival Pott Ward; J. W. T. BRANSON.
January 25th, 1934.

TIMES FOR ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-Patients New cases: 9 a.m. Old cases: male, 10 a.m.; female, 10.30 a.m.	Dr. G. Bourne at 9 a.m.	Prof. Fraser and Dr. Hilton at 9 a.m.	Dr. Geoffrey Evans at 9 a.m.	Dr. F. G. Chandler at 9 a.m.	Prof. Fraser and Dr. Spence at 9 a.m.	Dr. E. R. Cullinan at 9 a.m.
Surgical Out-Patients New cases: 9 a.m. Old cases: 10 a.m.	Prof. Gask and Mr. Paterson Ross at 9 a.m.	Mr. R. M. Vick at 9 a.m.	Mr. J. B. Hume at 9 a.m.	Prof. Gask and Mr. Paterson Ross at 9 a.m.	Mr. Rupert Corbett at 9 a.m.	Mr. Keynes at 9 a.m.
Diseases of Women	Dr. Shaw (new cases at 9 a.m. only).	Cases referred from House Physicians and House Surgeons only at 10 a.m.	Dr. Donaldson at 1 p.m.	Cases referred from House Physicians and House Surgeons only at 10 a.m.	—	Dr. Shaw at 9 a.m.
Ante-Natal Clinic	Dr. Shaw at 9 a.m.	—	—	Dr. Donaldson and Dr. Shaw at 12.30 p.m.	—	—
Orthopaedic Department	Mr. S. L. Higgs at 1 p.m.	—	—	Mr. R. C. Elmslie at 1 p.m.	—	—
Throat and Nose Department	Mr. Bedford Russell at 1 p.m.	Mr. F. C. W. Capps at 9 a.m.	—	Mr. Bedford Russell at 9 a.m.	Mr. F. C. W. Capps at 1 p.m.	—
Aural Department	Mr. S. R. Scott at 1 p.m.	Mr. T. H. Just at 9 a.m.	—	Mr. S. R. Scott at 9 a.m.	Mr. T. H. Just at 1 p.m.	—
Ophthalmic Department	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—
Skin Department	—	Dr. Roxburgh at 9 a.m.	Dr. Roxburgh at 9 a.m.	—	Dr. Roxburgh at 9 a.m.	—
Psychological Department	—	—	—	—	Dr. Porter Phillips at 1.30 p.m.	—
*Electrical Department	Dr. Cumberbatch. Males at 1 p.m.	Dr. Cumberbatch. Females at 1 p.m.	—	Dr. Cumberbatch. Males at 1 p.m.	Dr. Cumberbatch. Females at 1 p.m.	—
*X-Ray Depart- ment	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.
*Exercises and Mas- sage Department	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. till 1 p.m.	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. till 1 p.m.
Diseases of Children	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.
Dental Depart- ment	Mr. Fairbank at 9 a.m.	Mr. Coleman at 9 a.m.	Mr. Hankey at 9 a.m.	Mr. Fairbank at 9 a.m.	Mr. Coleman at 9 a.m.	Mr. Hankey at 9 a.m.
Tuberculosis Dispensary	—	12.30 p.m. to 2.30 p.m. † 5 to 7 p.m.	—	—	New cases only from 12.30 p.m. 3 to 4 p.m.	—
Venereal Depart- ment	Men, 5 to 7 p.m.	Women and children, 4 to 6 p.m.	—	Men, 12 to 2 p.m.	Women and chil- dren, 12 to 2 p.m.	—
Plastic Surgery	Sir Harold Gillies at 2 p.m.	—	—	—	—	—
Neurological Clinic	—	—	—	Dr. Hinds-Howell at 1.30 p.m.	—	—

* Patients are not seen in these Departments unless recommended by the Medical Staff.

† These hours are intended for patients who cannot attend at mid-day.

EXAMINATIONS, ETC.

University of Oxford.

The following degree has been conferred :

D.M.—McMenemey, W. H.

University of Cambridge.

The following degrees have been conferred :

M.D.—Beattie, W. J. H. M., Stallard, H. B.

M.B., B.Chir.—Murless, B. C.

B.Chir.—Morel, M. P.

Second Examination for Medical and Surgical Degrees,
Michaelmas, 1933.

Part II.—Armstrong, P. L. M., Frye, E., McNeil, C., Pratt, J. S., Sturdy, D. C.

Third Examination for Medical and Surgical Degrees,
Michaelmas, 1933.

Part I.—Benison, R. L., Innes, A., Levick, R. E. K., Martin, C. J., Martin-Jones, J. D., Masina, F. H., Thorne-Thorne, B.

Part II.—Hadfield, S. J., Houlton, A. C. L., Smart, J.

University of London.

M.D. Examination, December, 1933.

Branch I (Medicine).—Harris, C. H. S. (University Medal), Rawkins, M. D., Thrower, W. R.

First Examination for Medical Degrees, December, 1933.

Arango, C. M., Arden, L. D., Brown, D. J. A., Brownlees, P. A. K., Burnett, J. A., Curtin, A. P., de Senneville, R., Desmarais, M., Garrod, O., Hackett, J. T. A., Hudson, E. G., Hughes, J. F., Maycock, R., Newton-Davis, J. V., Nicholson, C. G., Page, W. J. O., Ramsay, R., Terry, R. B., Turner, E. W., Burns, B.

Third (M.B., B.S.) Examination for Medical Degrees, November, 1933.

Barber, A., Crabb, D. R., Crumbie, J. R., Davies, D. O., George, W. F. T., Harris, R. V., Macfarlane, R. G., Morrison, R. J. G., Pope, E. S.

Supplementary Pass List.

Group I.—Dipple, P. E., Lee, H. B., Shackman, R., Thomas, B. A.

Group II.—Carpenter, R. H., Chivers, J. A., Hayward, S. T., Hugh, H. C., Royle, H., Russell, B. F. B., Sophian, G. J.

Royal College of Surgeons.

The Fellowship of the Royal College of Surgeons has been conferred on the following :

Baker, A. H., Beal, J. H. B., Campbell, W. G., Chapman, T. L., Evans, L. P. J., Keon-Cohen, B. T., Lewis, D. L., Lillie, G. J., Masani, K. M., Rajasingham, A. S., White, J. A.

Conjoint Examination Board.

Pre-Medical Examination, December, 1933.

Chemistry.—Bowen, R. A., Dean, D. W. J., Hardie, P. J., Hartill, G. G., Wedd, J. R. K., Wheelwright, J. B.

Physics.—Bowen, R. A., Dean, D. W. J., Hardie, P. J., Hartill, G. G., Maycock, R., Wedd, J. R. K., Wheelwright, J. B.

Biology.—Brown, D. J. A., Rikovsky, P. P., Wheelwright, J. B.

First Examination, December, 1933.

Anatomy.—Saltman, P. B. L.

Physiology.—Howell, D. R. S.

Pharmacology and Materia Medica.—Butt, A. Z., Forrester Wood, C. H., Jopling, W. H., McAskie, L., Rosten, B. M. D., Williams, R. J. G.

L.M.S.S.A.

Primary Examination, January, 1934.

Anatomy and Physiology.—Wade, G. V. H.

CHANGE OF ADDRESS.

ROBERTS, J. H. O., Carn Ingh, Denbigh.

APPOINTMENT.

TOWNSEND, Lt.-Col. R. S., I.M.S., appointed Civil Surgeon, Lucknow, and Professor of Obstetrics, Lucknow University.

BIRTHS.

CARMICHAEL.—On January 1st, 1934, at 100, Kingsley Way, London, to Jeannette, wife of Dr. E. Arnold Carmichael—a son.

CLEGG.—On December 25th, 1933, to Kira, wife of Dr. Hugh A. Clegg, 43A, Belsize Park Gardens, N.W. 3—a daughter.

DUNCAN.—On January 3rd, 1934, at The Wood, Sunninghill, to Betty (née Goddard), wife of Charles Matthews Duncan—a daughter.

ELKINGTON.—On January 14th, 1934, at Newport, Shropshire, to Dr. and Mrs. G. E. Elkington—a son.

GRAY.—On January 12th, 1934, at 11, Gloucester Row, Weymouth, to Philippa (née Gadsdon), wife of George M. Gray, F.R.C.S.—a son.

MAILER.—On January 23rd, 1934, at Stanmore, to Molly (née Andrew), wife of Dr. W. Alister Mailer—a son.

PIDCOCK.—On January 18th, 1934, at The Friary, Winchester, to Margaret, wife of B. Hensell Pidcock, F.R.C.S.—a son.

RIDSDILL SMITH.—On January 5th, 1934, to Mary and Thomas Ridsdill Smith, of Bevy's House, Newmarket—a son.

MARRIAGES.

HOPTON—BOOSEY.—On January 20th, 1934, at the Parish Church, Hayes, Kent, by the Rev. E. L. L. McClintock, M.A., Rector, Dr. Jack Hopton, elder son of Mr. and Mrs. Hopton, of Wimbledon, to MADGE, elder daughter of the late Arthur Boosey and Mrs. Boosey, Woodside, Keston, Kent.

JAMESON EVANS—KEEP.—On January 18th, 1934, at St. Augustine's Church, Edgbaston, Lewis Philip Jameson Evans, F.R.C.S., younger son of J. Jameson Evans, F.R.C.S., and Mrs. Jameson Evans, of Edgbaston, to Edith Sylvia, younger daughter of Mr. and Mrs. C. E. Keep, of Edgbaston.

MANDOW—YOUNG EVANS.—On January 2nd, 1934, at the Church of St. Bartholomew the Great, Smithfield, by the Rev. Canon Savage, Dr. George Anderson Mandow, son of the late Dr. L. H. Mandow and Mrs. Mandow, formerly of Flushing, New York, U.S.A., to Menevia Sibyl, elder daughter of the Rev. Professor and Mrs. J. Young Evans, of Llwynhelyg, Aberystwyth.

OXLEY—SKILTON.—On January 12th, 1934, at St. John's Church, Fitzroy Street, W., Dr. Philip Malcolm Oxley, eldest son of Dr. and Mrs. Oxley, of The Manor House, Poplar, E., to Patricia Edith Skilton.

DEATHS.

GARDNER.—On January 17th, 1934, at 5, Marston Ferry Road, Oxford, Frank Gower Gardner, M.R.C.S., County Director of the Red Cross for Oxfordshire, formerly of Warwick, aged 71.

LAWRENCE.—On January 4th, 1934, Sir William Matthew Trevor Lawrence, Bt., of Burford, Dorking, husband of Iris Lawrence, eldest son of the late Sir Trevor Lawrence, Bt., K.C.V.O.

MACALISTER.—On January 15th, 1934, at Barrmore, Cambridge, Sir Donald MacAlister of Tarbert, Bart., K.C.B., aged 79.

PECK.—On January 15th, 1934, at Hôtel des Palmiers, Montreux, Switzerland, Lieut.-Col. Edward Surman Peck, late Indian Medical Service.

RANDOLPH.—On January 14th, 1934, at Milverton, Somerset, Charles Randolph, M.R.C.S., L.R.C.P., son of the late Henry Weech Randolph, of St. Michael's, Milverton, aged 83.

SOUTTER.—On January 1st, 1934, at Souttergate, Hedon, Hull, James Soutter, M.R.C.S., L.R.C.P., aged 70.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the Manager, Mr. G. J. WILLIAMS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone : National 4444.